

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
Complaint Form**

Name of Applicant or Person Involved: _____

Date Filed: _____ Date of Birth: _____

Address: _____ Phone: (____) _____
 Street City State Zip Code

Name of Person Filing: _____

LAST FIRST MI

Address: _____ Phone: (____) _____
 Street City State Zip Code

Relationship of person filing: ☐ Self (age 18+) ☐ Legal Guardian ☐ Custodian Parent
☐ Agency with Legal Custody ☐ Other

I designate _____ to be my representative for this complaint.

Description of Complaint (please include dates, names, locations, also any other attempts to resolve the problem, attach additional pages if necessary):

What solution do you want? _____

- ☐ **I request an expedited hearing with the AHCCCS Administration. (Please see over for more information)**
- ☐ **I want my services continued throughout the AHCCCS hearing process. I understand that if I lose my appeal, I may be required to pay for the cost of the services that were continued during the appeal.**
- ☐ **I do not want my services continued throughout the AHCCCS hearing process.**
- ☐ **I request an appeal through ValueOptions.**

I understand that throughout the grievance or appeal process, it may become necessary for parties to this issue to obtain and review my medical records. I also understand that a file will be established at each level of appeal that I pursue. Any questions regarding this statement may be addressed to: ValueOptions Customer Service at 1-800-564-5465.

(Reverse Side of Complaint Form)

You may request an expedited hearing directly from AHCCCS *if you received* a specific notice of a denial, suspension, reduction, or termination of a Title XIX or Title XXI covered service *that advised you* that you have the option of appealing directly to AHCCCS.

An appeal of any other type of issue must be directed to: ValueOptions

If you have any questions, please call ValueOptions at:

1-800-564-5465

FAX (602) 914-5990

Or mail your complaint to:

**ValueOptions Grievance and Appeals
444 N. 44th Street, Suite 400
Phoenix, Arizona 85008**